spoonfuls and by arousing patient enough for him to drink a little.

Three, P.M. Seventeen hours after ingestion. Vomited a little. Could be aroused sufficiently to be made to walk, supported by a man on either side. Pulse one hundred and twenty and thready. Respirations normal. Very drowsy, but could be kept from going into a deep sleep by talking to him. Skin bathed in perspiration.

Six, P.M. Twenty hours after ingestion. Sufficiently conscious to answer questions intelligently. Voice very husky, and he complained of his throat's hurting him. That night he vomited profusely and repeatedly.

The subsequent history was marked by great physical prostration; by a sore throat, on which some sloughing patches occurred; and by a cough, which with the ulceration in the pharynx lasted about ten days. At the end of that time he was able to get up and be around, and to-day he is a well man.

The interest of this case attaches to the fact that so large a dose of morphine could remain for five hours in the stomach of a perfectly healthy man, subject to the rapid absorption that would come from the stomach being empty, and yet that recovery should take place.

That the amount taken was about thirty-six grains, we feel sure, because he bought a fresh one-eighth ounce bottle, opened it in the presence of the woman, poured out a large quantity of the drug on to the palm of his hand, and ate it down. The remnant left in the bottle weighed just twenty-four grains.

That the drug taken remained in his stomach five hours we are equally positive, because from the time of his taking the drug, until his stomach was washed out, five hours afterwards, he was constantly in the presence of some person, and there is no history of his having vomited or purged in that time.

It is unfortunate that the washings of the stomach were not saved, so as to have determined accurately the amount of the drug that was not absorbed, and so, to have learned the real point of interest, the quantity of the drug that was absorbed. But so desperate did the case look, at the time, that it did not occur to us that there would be any need of reporting it, save to the Health Office, and the washings were thrown away.

We offer no excuse for the extreme measures taken in handling the case, except the urgency of the symptoms and the final recovery of the patient.

We are conscious that the stomach should have been washed out earlier than it was, but the delay was in a large degree unavoidable. The case has taught us, however, the necessity of emptying and washing the stomach even in apparently hopeless cases.

In turning to the books on my shelves, I find a case, cited by Reese in his "Manual on Toxicology," where a druggist swallowed *seventy-five* grains of sulphate of morphia. No marked symptoms appeared for an hour and a half, when he began to feel sleepy and had a staggering gait, soon after this emetics were given; causing free emesis. Despite the fact that the amount of the drug ingested was twice that taken in the case here reported, the absorption was evidently not as great—due to the fact that it was retained only an hour and a half, as against the five hours in this case.

Ziemssen's Cyclopædia (Vol. xvii), states that Bonjean witnessed a recovery after twenty-five grains of the acetate of morphia were taken: and Wood, (Ther-

apeutics, etc., p. 216), says the maximum doses from which recovery has taken place *without* emesis are fifty-five grains of the solid opium, equivalent to nearly seven grains of morphia.

A CASE OF PREGNANCY IN A UTERUS BILOCULARIS.¹

BY G. S. STEBBINS, M.D., SPRINGFIELD, MASS.

MRS. A., thirty-six years of age, had been married ten years, and never been pregnant. She had always been an intense sufferer from dysmenorrhœa, having been obliged at every menstrual period to remain in bed from three to four days, and have hypodermic injections of morphia administered, or resort to frequent use of opium suppositories per rectum. I am confident that her sufferings during her periods, taken altogether, were greater than those attendant upon ordinary cases of labor. Pregnancy had been suggested to the patient as the most hopeful remedy, but however gladly she would have availed herself of the relief that such a condition might have afforded, it was quite evident that there was some physical impossibility that stood in the way. Examination per vaginam revealed a very narrow, contracted os, which well-nigh amounted to stenosis of the cervical canal, and which, I assured the patient, was the cause of her sufferings, and her non-pregnant state. As the patient was desirous of obtaining relief at all hazards, I suggested dilatation of the cervix, which operation she finally assented to. I dilated pretty thoroughly with the steel dilator, and in a few months afterward she became pregnant as was supposed, but the question of pregnancy was rendered a doubtful one, by the subsequent history of the case for four or five months.

About six or eight weeks after her last period, she began to experience intense pain in the right ovarian region, the abdominal walls at the same time becoming so sensitive, that she could not turn in bed, nor hardly tolerate the weight of the bed-clothes. These symptoms continued very severe, and were unendurable unless she was continually under the influence of opiates. Soon there began to be visible enlargement in the right iliac region, the nodulated, uneven outline of what appeared to be a tumor being readily mapped out by gentle pressure, the growth seemingly extended just above Poupart's ligament, the upper border rising up inside the ilium to its anterior superior angle. At the termination of the fifth month, there was no enlargement in the median line perceptible to the eye, nor to be distinguished by pressure on the abdominal walls; neither did examination per vaginam reveal anything except an elongated, œdematous condition of the posterior lip of the os, which felt like a bladder of water. A sympathetic condition, manifested according to some authors, in cases of tubal fetation.

The uterine cavity was still apparently empty, as far as the vaginal examination shed any light upon the case. The following question now arose: was she really pregnant? If so, was it a case of extra- or intra-uterine pregnancy? Had she a tumor? If so, was it ovarian; or was it some growth involving the broad ligament? If either of the latter, was the growth benign or malignant?

At this juncture, at my suggestion, a veteran in

¹ Read before the Springfield Society for Medical Improvement.

obstetrical warfare was called in council to help solve the problem. After a thorough examination of the case, he stated, with convincing assurance, that he could tell what it *was not*, but was unable, by any and all means, even by method of exclusion, to arrive at a positive, or even anything like a satisfactory diagnosis.

So far as we could arrive at conclusions, we agreed that the uterine cavity proper, was empty. This fact was quite apparent. We further agreed that if it was a case of tubal foetation, rupture should and doubtless would have taken place long before. Motion should also have been noted at this date, but had not been discovered. We finally agreed that it only remained to await the progress of events, and to treat the symptoms as they should become urgent.

From this time forward, for at least two months, until the completion of the seventh month, the abdominal enlargement continued to the right of the median line, but gradually extending toward it, until early in the eighth month, when the fundus of the uterus appeared to be reaching nearly its normal position, and the abdominal development presenting a uniform appearance. At the beginning of the ninth month, examination per vaginam disclosed the fact of head-presentation.

During the whole term of gestation, pain, and great abdominal tenderness continued, the patient having been obliged to remain in bed continually for the last seven months, unable to turn or lie on either side. Once she was assisted out of bed and tried to walk around it, but after taking a few steps sank to the floor. During the last two months, syncope, lasting from one to three hours, became an annoying, not to say an alarming symptom. At these times she could hardly speak above a whisper, or raise her hand, and required constant fanning in order to breathe.

With such a history antedating labor, of course I anticipated that event with no little anxiety, and not a few misgivings. The patient's female friends, with that wonderful and mysterious lack of sense so characteristic of women on kindred occasions, expressed grave doubts as to the final results of the case, and assured her that she need not hope to have a living child: which prophecies, I am happy to say, were not fulfilled.

When labor began, as might have been expected, the pains were irregular, weak, and the first stage of labor slow and tedious. Labor, however, progressed slowly, until the head began to press slightly upon the soft parts, when all progress ceased, and the patient appeared much exhausted, a condition to be expected, considering the case. I then applied the forceps, and delivered in fifteen or twenty minutes, Dr. Bagg having etherized the patient. While I was attending to other matters, Dr. Bagg kept up firm pressure upon the uterus, which contracted fairly well, but later, our united efforts of traction upon the cord and expression, failed to dislodge the placenta, after which, I introduced my hand into the uterus, where I not only found a firmly adherent placenta, but a solution of all of the unusual phenomena attending her whole period of gestation.

I could distinctly feel a strong membranous septum, which divided the uterus vertically, into two compartments. One portion of the placenta extended high up on one side the partition, and the other portion occupied a corresponding position on the opposite side of the septum, proving the case to be one of a uterus bi-

locularis, so well-described in Courty's work on "Diseases of the Uterus, Fallopian tubes, etc.," and in Getchell's "Obstetrics."

Pregnancy having taken place in the right cavity of the uterus, it might have been the cause of the lateral flexion of the organ low down in the iliac region, where the first period of development was so manifest, and troublesome; but it is more than probable that the uterus was laterally flexed *prior to pregnancy*, the latter being the diagnosis of Professor Breisky, of Prague, in a case coming under his observations during the past year, presenting a similar history, and the same general array of symptoms.

Had we used a uterine sound as a means of diagnosis in the early months of pregnancy, it would most likely have been introduced into the left cavity of the uterus, which would have been found, and declared to be empty.

The great pain and tenderness during the first seven months of pregnancy, I account for in this way: the growing foetus gradually raised the laterally inclined uterus toward the median line and normal position, at the same time crowding the septum to one side, until finally it worked its way down into the lower portion of the uterine cavity, by the yielding of the lower portion of the septum. Before the placenta was removed, the contracted uterus appeared larger than is usual, and its shape as felt through the abdominal walls, was peculiar. Instead of feeling like a globular body, it was broad, triangular in shape, and in the median line a well-defined depression could be distinctly felt on pressure. Getchell, in his work on obstetrics, in describing such a case says: the breadth of the uterus is greater, especially at the fundus, where a depression in the median line indicates the situation internally of a vertical septum, which more or less completely divides the uterine cavity into two compartments. He adds: "Great difficulty and danger may arise during the progress of gestation."

He cites what he calls a remarkable case of Rokitsky's, the pathological specimen of which is now to be seen in the Vienna Museum. In this case death took place from rupture of the septum in the third month, the termination as he says, being what one would expect from development of the ovum in the Fallopian tube.

Rokitsky, in speaking of the effects of such uterine anomalies on parturition, says: "the axis of expulsion may be so directed as to place the forces at an obvious disadvantage, but when complete intra-uterine development has taken place, there will not likely be any impediment during delivery, which may not be overcome by the application of ordinary principles."

Having given the history of the case antedating and during labor, together with a description of the attendant uterine anomalies, I will speak of the subsequent history. Considering the long-continued pain and tenderness about the abdomen, I confidently expected puerperal peritonitis, and was not in the least disappointed. The whole abdomen soon became exquisitely sensitive, painful and tympanitic. The temperature ranged from 102° to 104°, for about ten or twelve days, and the pain was so severe as to require the free use of hypodermic injections of morphia, and suppositories of opium and belladonna per rectum. Quinine and turpentine were given internally, the former to reduce temperature and for its tonic effect; the latter to relieve the discomfort due to the tympanitic condi-

tion. The bowels were occasionally relieved by injections and saline laxatives. The tympanites was so distressing at times, that it was best relieved by the introduction of a tube high up in the rectum, through which the gas freely escaped. The abdomen was kept covered with poultices of flaxseed and mustard, and later, was painted twice daily with tincture of iodine. I have said that the patient remained in bed seven months prior to her confinement, and I believe it was just three months after labor before she could walk a step. She first began to walk the 7th of March, and can now, April 1st, get about the house nicely and carry her child in her arms. The child weighed eight and one-half pounds at birth.

The patient, not nursing her child, has menstruated once since her confinement, and was rejoiced to know that the function was comparatively painless. I am now confident that the pregnancy, though a severe remedy, will result in a greater measure of health and comfort for the remainder of her menstrual days.

REPORT ON DERMATOLOGY.

BY G. H. TILDEN, M.D.,

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FIBROMA MOLUSCUM.

DRS. HÜRTHE and C. Nauwerck¹ report five cases of elephantiasis (*sic*), the examination of which confirms the statement of Von Recklinghausen, that the development of fibroma molluscum has its starting point in the cutaneous nerve-sheaths.² In three of these cases, the condition of things was found to be in all respects the same as that described by Von Recklinghausen, and, in one instance, the very earliest stage in the evolution of multiple neuro-fibromata could be demonstrated. This consisted in a thickening of the endoneurium, and later, also of the perineurium of the cutaneous nerves, which resulted in induration, spindle-formed swelling, and nodulated thickening of the affected nerve-fibres. Further developments of this nodulated condition of the cutaneous nerves implicated the adjacent hair-follicles, sweat-glands, and blood-vessels in the pathological process, several of the latter being almost obliterated by cell proliferation in their intima.

The newly-formed connective tissue, of which the tumors were composed, contained numerous nuclei, and was easily to be distinguished from the more coarsely-meshed cutaneous connective tissue. Even in the largest tumors, it was always possible to detect the string of cells, representing the nerve-fibre which had been primarily affected, and from which originated the new formation of connective tissue composing the tumors.

In a fourth case, which presented, on the thighs, a condition of diffused fibrous thickening, resembling in appearance ordinary elephantiasis, the same atrophied residua of nerve-fibres could be made out in the midst of the newly-formed and abundant cellular connective tissue, which had involved and imprisoned the cutaneous glands, hair-follicles, and the subcutaneous fat. In regions of the body where the pathological process was less advanced, the thickening of the skin was almost entirely caused by the formation under it of these

neuro-fibromata. The fifth case represented an instance of ordinary and acquired elephantiasis lymphangiectatica, which, in contra-distinction to the other four cases of so-called neurotic elephantiasis—more properly speaking, multiple neuro-fibromata—presented no affection of the cutaneous nerve-fibres, but, on the contrary, enormous dilatation of the lymph and blood-vessels of the skin and subcutaneous connective tissue.

MYCOSIS FONGOIDE.³

At the meeting of German naturalists and physicians held in Berlin during September, 1886, both Geber and Köbner presented communications upon this disease. The former mentioned two examples of the malady which had come under his observation, since the appearance of his first publication on the subject in 1878.⁴ One of these cases occurred in a man of sixty years of age, the clinical appearances being those of chronic eczema, attended with very great and universal pruritus. Several of the eczematous patches became somewhat elevated above the level of the surrounding skin, and, deprived of epidermis, presented a mammillated appearance. There were not developed any of the tumors peculiar to mycosis fongoide, and no mention is made of any enlargement of the lymphatic glands. The diagnosis was a purely clinical one, the patient being unwilling to have any portion of the cutaneous lesions excised for purposes of microscopic examination.

The fact of spontaneous recovery, which occurred in this instance after the disease had lasted eighteen months, is a remarkable one; for, of all the cases reported since Alibert's first description of the malady, in 1835, some forty in number, in only two other instances have the patients been known to recover: one mentioned, by Bazin, as having been restored to health after an attack of migrating erysipelas; and the other, reported by Köbner, as recovering after treatment with arsenic. The second case occurred in a woman, sixty-three years of age, and the disease had already existed for fifteen years, when she was first seen by Geber, at which time the clinical appearances were those of a combination of psoriasis and chronic eczema. The patient remained in the hospital for seven months, and was then discharged in a miserable condition, having received no benefit from any kind of treatment. Several of the cutaneous nodules were excised, and histological examination showed, in the papillary layer of the skin, the reticulated structure, containing round cells, and characteristic of mycosis fongoide. Inoculation of animals and men with blood and scales from the cutaneous lesions produced no effect. Inoculation of gelatine with the viscid secretion from these lesions resulted in the formation of colonies of what proved to be merely staphylococcus aureus. Sections of pathological tissue, stained by Gram's method, and examined with oil immersion and Abbe's illumination, showed the presence not only in the bloodvessels, but also outside of them, between the connective tissue fibres, of micrococci, diplococci, and streptococci. It could not be made out, however, that these microorganisms caused any thrombosis of the bloodvessels, as has been stated to be the case by Rindfleisch. Geber considers the presence of these microorganisms, which varied very much in size and distribution, as merely accidental and having no special connection with the disease.

¹ Beiträge zur pathol. Anat. und Physiol., von E. Ziegler und C. Nauwerck, I, Jena, 1886.

² Vide Dermatological Report in this Journal of October 5, 1882.

³ Vierteljahrsschrift für Derm. und Syph., Heft 1, p. 187, 1887.

⁴ Deutsches Archiv. für Klin. Med., Band xxi., Heft 3 und 3, 1878.